



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1913

SERIAL NUMBER 10/647,222	FILING OR 371(c) DATE 08/26/2003 RULE	CLASS 600	GROUP ART UNIT 3709	ATTORNEY DOCKET NO. 02005.0044-US-11
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Shabbir Bambot, Suwanee, GA;
 Mark L. Faupel, Alpharetta, GA;
 Anant Agrawal, Atlanta, GA;
 Keith D. Ignatz, Duluth, GA;
 Andrew Fordham, Sugar Hill, GA;

**** CONTINUING DATA *******

This application is a CIP of PCT/US02/06350 03/01/2002 which claims benefit of 60/272,458 03/02/2001
 This application 10/647,222
 is a CIP of 10/611,917 07/03/2003 PAT 7,006,220
 which is a CON of 09/700,538 11/16/2000 PAT 6,590,651 *
 which is a 371 of PCT/US99/10947 05/19/1999
 This application 10/647,222
 is a CIP of 10/603,597 06/26/2003 PAT 6,975,899
 which is a CON of 09/786,781 03/09/2001 ABN
 which is a 371 of PCT/US99/20646 09/10/1999
 This application 10/647,222
 is a CIP of 10/337,687 01/08/2003
 which is a CON of 09/434,518 11/05/1999 ABN
 This application 10/647,222
 is a CIP of 10/446,857 05/29/2003 PAT 6,870,620
 which is a DIV of 09/533,817 03/24/2000 PAT 6,577,391 *
 which claims benefit of 60/126,056 03/23/1999 *
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******none *IR***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 11/22/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 24	TOTAL CLAIMS 63	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

Altera Law Group, LLC
 Suite 100
 6500 City West Parkway
 Minneapolis, MN55344-7704

TITLE

System and method for determining tissue characteristics

FILING FEE RECEIVED 1822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								